

MILITARY STUDENT TRAVEL TDY APPLICATION / NOTIFICATION

PART A. SOLDIER DATA

NAME _____ RANK _____ SSN _____
UNIT _____ DUTY POSITION _____
DUTY PHONE _____ GENDER _____ SECURITY CLEARANCE _____
PMOS _____ UIC _____ AUTH MTOE/TDA PARA/LN _____
DEROS _____ ETS _____ GT _____ PROM SCORE (BNCOC ONLY) _____

PART B. COURSE INFORMATION

COURSE TITLE _____
COURSE NUMBER _____ SCHOOL CODE _____
PURPOSE/JUSTIFICATION (REQUIRED) _____
PRIMARY CLS NO. _____ DATES _____
ALTERNATE CLS NO. _____ DATES _____

BATTLESTAFF NCO / 1SG COURSE APPLICATIONS ONLY:

ARE YOU PLANNING TO TAKE PHASES 1 AND 2 CONSECUTIVELY? **YES** **NO** (Check One)
IF NOT, PLEASE INDICATE AVAILABILITY FOR PHASE 2:
CLS NO. _____ DATES _____

NCOES APPLICATIONS: (TO BE COMPLETED BY ITEB ONLY)

PHASE 1 COMMON CORE DATES FROM: _____ TO: _____
LOCATION: _____
PHASE 2 MOS TRAINING DATES FROM: _____ TO: _____
LOCATION: _____

For military Staff Personnel only: Principle Staff Officer Concurs/Nonconcurs with request. _____

Soldier meets eligibility and course prerequisites as identified in DA PAM 351-4 (or applicable regulations), AR 600-9, retainability requirements as outlined in USARPAC Regulation 350-41 and 25THID(L) & USARHAW REG 350-1.

PART C. REQUESTING OFFICIAL

Parts A and B are complete and accurate.

UNIT POC _____ RANK _____ DATE _____ PHONE _____

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PART D. COORDINATION (COMMANDER OR AUTHORIZED REPRESENTATIVE)

BATTALION OR EQUIVALENT CONCUR / NONCONCUR _____ DATE _____

BRIGADE OR EQUIVALENT CONCUR / NONCONCUR _____ DATE _____

ACofS, G-3 / ITEB CONCUR / NONCONCUR _____ DATE _____

PART E. TRAINING STATUS (COMPLETED BY ITEB)

Received application on _____ Training Notification sent to unit on _____

Soldier has been selected / approved for course _____

CLASS# _____ DATE _____ Training is not approved for the following reasons(s) _____

Please confirm soldiers NCOES attendance by phone NLT _____ Failure to confirm attendance may result in course cancellation. Non-attendance of NCOES training requires a letter of justification. Please complete Part F of this form per memorandum, 25THID(L) & USARHAW, ATTN: APVG-GTT-E, Subject: Military Student Travel Procedures and RETURN TO ITEB NLT _____.

Source of Funding: _____

ITEB POC IS MS. SORIANO, (808) 656-7540, OR MR. PURDUE, (808) 656-9441.

PART F. PLEASE PROVIDE THE FOLLOWING INFORMATION TO MS. SORIANO VIA EMAIL, OR PHONE AT 656-7540, UPON NOTIFICATION OF CLASS ATTENDANCE FOR SERVICE MEMBER.

FOR TDY AND RETURN

Carlson record locator # _____ (Please Provide Code)

SM leave dates _____ (Please Provide Dates)

SM has a government travel card _____ Yes / No / Applied (Please Circle One)

FOR TDY ENROUTE

SM leave dates _____ (Please Provide Dates)

Will SM utilize a POV while at school _____ Yes / No (Please Circle One)

SM has a government travel card _____ Yes / No / Applied (Please Circle One)